F-556

PTO/SB/22 (12-04)

Approved for use through 7/31/2006, OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Personverk Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a valid QMB control number PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) Docket Number (Optional) RECEIVED FY 2005 UPN0003-100 **CENTRAIL FAX CENTER** (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) 02/27/2004 Filed Application Number 10/789,222 <del>apr</del>ii 1 2006 Angiopoietin and Fragments, Mutants and Analogs Thereof and Uses of the Same For Examiner Hope A. Robinson Art Unit This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee Small Entity Fee \$60 One month (37 CFR 1.17(a)(1)) \$120 \$225.00 \$225 \$450 Two months (37 CFR 1.17(a)(2)) \$510 Three months (37 CFR 1.17(a)(3)) \$1020 \$795 Four months (37 CFR 1.17(a)(4)) \$1590 \$1080 Five months (37 CFR 1.17(a)(5)) \$2160 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1275. I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. applicant/inventor. I am the assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98). ☑ attorney or agent of record. Registration Number 33,229 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. \_\_\_\_ April 11, 2006 Date Signature 215.665.5592 Mark DeLuca Telephone Number Typed or printed name NOTE: Signatures of all the invanions or assignees of record of the entire interest or their representative(a) are required. Submit multiple forms if more than one signature is required, see below. Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1,136(e). The information is required to obtain or ratain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1,11 and 1,14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETEDFORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9193 and select action 2

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From-COZEN O'CONNOR

Approved for use through 07/31/2006, OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete If Known					
			ation Number	10/789,222				
FEE TRANSMITTAL			Date	02/27/2004		EIVED		
for FY	El-11	lamed Inventor	Qin Yu	ENTRAL	FAX CENTER			
Applicant claims small entity s			ner Name	Hope A. Robinson	APR	1 1 2006		
23 / 19 / 10 / 10 / 10 / 10 / 10 / 10 / 10		Art Un		1656	7.31.11			
TOTAL AMOUNT OF PAYMENT (\$) 225.00			ey Docket No.	UPN0003-100				
	-1145-4							
METHOD OF PAYMENT (check					~			
☐ Check ☐ Credit Card ☐ N		☐ Other				·		
Deposit Account Deposit Account		·····	-	ount Name: Cozen O'C	connor			
For the above-Identified de		or is hereby			•			
Charge fee(s) Indic	ated below		_	ge fee(s) indicated bel	ow, except	for the filing fee		
Charge any addition Under 37 CFR 1.16	nal fee(s) or underpaymer	nts of fee(s)	⊠ Cred	it any overpayments				
WARNING: Information on this form m	ay become public. Credit ca	erd informati	on should not b	e included on this form.	Provide cred	Sit card		
Information and authorization on PTO- FEE CALCULATION	zuse.							
1. BASIC FILING, SEARCH, A	ND EYAMINATION E	=FQ		· · · · · · · · · · · · · · · · · · ·				
FILING	G FEES	SEARCH	FEES	EXAMINATIO	N FEES			
	Small Entity	C = (A)	Small Entit		Il Entity	Face Bold (%)		
Application Type Fee (\$ Utility 300	i) <u>Fee(\$)</u> 150	<u>Fee(\$)</u> 500	<u>Fee(\$)</u> 250		9 <b>e(\$)</b> )0	Fees Paid (\$)		
Utility 300 Design 200	100	100	50	- <del>*</del> -	55			
Plant 200	100	300	150		30			
Reissue 300	150	500	250	600 30	00 -			
Provisional 200	100	0	0 .	0	0			
2. EXCESS CLAIM FEES					9	Small Entity		
Fee Description					Fee (\$) 50	<u>Fee (\$)</u> 25		
Each claim over 20 (including R Each independent claim over 3 (					200	100		
Multiple dependent claims	microanis Imioamo)				360	180		
	Claims Fee(\$)	Fee	e Paid (\$)			Dependent Claims		
20 or HP=	×	= _	<del>-</del>		<u>Fee (\$)</u>	Fee Paid (\$)		
HP = highest number of total claim:	s paid for, if greater than 20.  a Claims Fee(\$)	For	e Pa <u>id (\$)</u>			<del></del>		
<u>Indep. Claims</u> <u>Extra</u> - 3 or HP=	X TOISING T SOLAT	=	o Taile (4)					
HP = highest number of independe		han 3.	<del></del>					
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (5) Fee Paid (\$)								
-100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S)  Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Petition for 2 Mos. Extension of Time \$225.00								
Outer (e.g., late ming sur	charge) . <u>rendoù for 2 MC</u>	G. PATRIBION	A-1-1-1111-5					
SUBMITTED BY					. = .			
	0,0		Registration No.	33,229	Talaphana	215.685.5592		
Signature  Nama (Print/Typo)  Merk Deluca			(Altornéy/Agent)		Date	April 11, 2005		

This collection of information is required by 37 GFR 1.135. The information is required to obtain or retain a bonom by the public which is to file (and by the USPTO to proceed) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form entire suggestions for reducing the burden, should be sant to the Chief Information Officer, U.S. Palent and Tradomark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Petents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-796-9199) and select option 2.

4. OTHER FEE(S)

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Other (e.g., late filing surcharge): Petition for 2 Mos, Extension of Time

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

\$225.00

Approved for use through 07/31/2006, OMB 0551-0032
U.S. Patent and Tredemark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
				ation Number	10/789,222			
FEE TRANSMITTAL			Filing	Date	02/27/2004		ECEIVED	
for I	2005	First N	lamed Inventor	Qin Yu		AL FAX CENTER		
Applicant claims small	atus. See 37 CFR 1.27	Exami	ner Name	Норе А. Robinsor	AP	R 1 1 2006		
			Art Un	it	1656			
TOTAL AMOUNT OF PAY	MENT	(\$) 225.00	Attorn	ey Docket No.	UPN0003-100			
METHOD OF PAYMENT	(check	all that apply)						
☐ Check ☐ Credit Card	□м	oney Order 🔲 None 🗀	Other	(please identify	·) :			
Deposit Account Depo				-	unt Name: Coze	n O'Connor		
For the above-iden	ntified de	posit account, the Director	ls hereby	authorized to:	(check all that ap	ply)		
☑ Charge fee(	s) indica	ted below		Char	ge fee(s) indicate	d below, excep	t for the filing foe	
Charge any	addition	al fee(s) or underpayments	of fee(s)	⊠ Cred	it any overpayme	nts		
Under 37 C WARNING: Information on this	FR 1.16	and 1.17					adit card	
Information and authorization			macrinau	uil silouid liot D	e included on this	IOIIII. PIOVIDE CI		
FEE CALCULATION							-	
1. BASIC FILING, SEAF	RCH, AN	ID EXAMINATION FEE	s					
<u> </u>	FILING		SEARCH FEES EXAMINATION FEES					
Application Type	Fee (\$)	Small Entity Fee(\$) F	ee(\$)	Small Entity Fee(\$)	⊻ Fee(\$)	Small Entity Fee(\$)	Fees_Paid (\$)	
	<u>୮୯୯ (୬)</u> 300		00 <u>요마(최)</u>	250	200	100	i eas Laid (9)	
	200		00	50	130	65		
; <i>u</i>	200		00	150	160	80		
Reissue	300	150 50	00	250	600	300	<u> </u>	
Secretaines of	200	100	^	^	^			

	VE1770E	100	,		200	2.30	000	300	
	Provisional	200 100	)		0	0	0	0	
2.	EXCESS CLAIM FEE	S							Small Entity
	Fee Description							Fee (\$)	<u>Fee (\$)</u>
	Each claim over 20 (inch	iding Roissues)						50	25
	Each independent claim of	over 3 (including	Reis	sues)				200	100
	Multiple dependent claim		,					360	180
	Total Claims		1	Fee(\$)		Fee Paid (\$)		Multiple	Dependent Claims
	-20 or HP=		x		=			Fee (\$)	Fee Paid (\$)
	HP = highest number of tot	al claims paid for, i	f great	er than 20.					
	Indep. Claims	Extra Claims	<u>i</u>	Fee(\$)	•	Fee Paid (\$)			
	3 or HP=		×		=				
	HP = highest number of inc	iependent claims p	ald for	, if greater the	an 3.				
3.	<b>APPLICATION SIZE F</b>	EE							
1	f the specification and dra	Small Entity   Fee (\$)   Fee (\$)							
	listings under 37 C	FR 1.52(c)), the	appli	cation size	fee di	ie is \$250 (\$125 for s	small entity) for ea	ch additional	50
	sheets or fraction t	hereof. See 35 U	r.s.c.	41(a)(1)(G	) and	37 CFR 1.16(s).			
							raction thereof	Fee (\$)	Fee Pald (\$)

SUBMITTED BY				
Signature	hile_	Registration No. (Attorney/Agent) 33,228	Telephone	215.685.5592
Name (Print/Type)	Mark DeLuce		Deta	April 11, 2008

(round up to a whole number) x

Tris adiablian of information is required by 37 CFR 1.186. The information is required to obtain or rotain a bonom by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 55 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, propering, and submitting the completed application form to the USPTO. Time will very depending upon the including upon the including upon the including upon the including the complete this form and/or suggestions for reducing this burdon, chould be sent to the Chief information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22319-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1460.